CAMHS Transformation Programme: CYP – IAPT

Peter Fonagy
Schools in Mind Breakfast Briefing
April 2015

With input from Kathryn Pugh, Anne O’Herlihy & Robin Barker
Could the profile of children and young people’s mental health get any higher?

- Health Select Committee Report 2014 Ministerial Children and Young People’s Mental Health and Wellbeing Taskforce ‘Future in Mind’ March 2015
- Collaborative Commissioning Pilots
- Department for Education Guidance
- UK Youth Parliament national campaign for 2015
- Young Minds Vs campaign …. 
- NHS England Tier 4 Review
- *Five Year Forward View* and *Achieving Better Access to Mental Health Services by 2020*
Where are we going? ‘golden threads’ running through legislation and policy

- Parity of Esteem between physical and mental health
- Whole life course
- Evidence based treatment
- Prevention and early intervention
- Timely access and waiting times
- No decision about me without me
- Choice
- Personalisation
- Outcomes that matter to children, young people and their families
- Recent publications: Tier 2/3 Specification for CAMHS and Transition and transfer to and discharge from care see http://www.england.nhs.uk/resources/resources-for-ccgs/
From 2006/2007 to 2012/13 the proportional expenditure on children and adolescents has fallen.
Recent significant changes

The Autumn Statement 2014

• Additional funding of 30 million recurrent for 5 years to be invested in a central NHS England programme to implement improved access for children and young people to specialist evidence based community CAMHS eating disorder services. Part of this programme funding will be used to develop an access and waiting time standard

The Spring Budget

• Announcement of 1.25bn new mental health funding over next 5 years (250m per year) to improve access to mental health services for children and young people and for mothers experiences perinatal mental illness.
• This will include expanding the CYP IAPT programme of CAMHS transformation, plus resources to build capacity.
Summary of proposals

1. Improved public awareness and understanding of children and YP mental health issues
   - Anti stigma campaign, based on *Time to Change*
   - Empower for self-care through digital tools

2. Children all over the country should have timely access to effective mental health support
   - 5-year programme to develop access and waiting time standards, as with physical health

3. Services wrapped around patients’ needs and not around the providing institutions
   - Move from a tiered model to a person-centred model
   - Collaborative commissioning between CCGs, local authorities and other partners
   - Development of single integrated commissioning plan
     - In most cases CCG would establish lead commissioning arrangements in close collaboration with local authorities
   - Transition from children services based on YP’s need more than a particular age

4. Increased use of evidence-based treatments. Services based in outcomes
   - Building of success of CYP-IAPT
Summary of proposals cont’d.

5. Making mental health support more visible and accessible for children and YP

- Every area must have a “one-stop-shop” where to get support
  - Vital contribution of voluntary sector
- Improving referrals and communications
  - Every area must have named points of contact in specialist services and schools
  - Integrating mental health specialist into schools and GP practices

6. Improved care in crisis. Children treated timely at the right place, closest to home.

- Ensuring the intervention being planned in the Mental Health Crisis Care Concordat are implemented
- No person under the age of 18 must be detained in a police cell as place of safety
- Implementing clear evidence-based pathways for community-based care
  - Including intensive home care when appropriate, avoiding inpatient care

7. Improving parents’ access to EB programmes of intervention and support

- Strengthen parent-child attachment
- Avoid early trauma
- Build resilience
- Improve behaviour
- With further funding
  - Enhancement of existing maternal, perinatal and early years services and parenting programmes
8. Improved access and service for more vulnerable children and YP

- Those sexually abused/exploited must receive comprehensive assessment and referrals, including MH specialist referrals

9. Enriched accountability and transparency through the whole system

- Development of a robust set of metrics for benchmarking at a national level
  - Access
  - Waiting times
  - Outcomes
- Clearer information about levels of investment by commissioners of MH services
- A commitment to a children and YP mental health prevalence survey every 5 years

10. Workforce improvement

- Professionals who work with children and young people should be trained in child development and mental health, and understand what can be done to provide help and support for those who need it.
Improving data on investment in children and young people’s mental health

NHS England is working to improve the quality of data on mental health spending for adults

• From April 2015
• Will identify overall spend in primary and community care
• As well as mental health services and specialist commissioning
• Built into NHS planning process at the level of CCG

It is proposed that this system should be widened to children's mental health

• Further work will be undertaken to improve understanding of funding flows through various children and YP services
  - Health
  - Education
  - Social care
  - Youth justice
Local implementation of national Quality Standards requires informed commissioning

Supports and services should be based on accurate data

- Still big gap in relation to children’s mental health
- Last children and young people’s mental health prevalence study is more than 10 years old (a new one being commissioned)

- Every 5 years
- Particular consideration to ≤5 and <15 year-olds
- Include new disorder codes (DSM-5; ICD-11)
- Include issues gaining prominence since 2004
- Capable of analysing data by characteristics such as ethnicity or whether a child is adopted or in care.
The CAMHS Minimum Data Set

Currently in development

Data will be available no later than January 2016

Will support evaluation of the effectiveness of care commissioned
Relies on coordination of routine data collection of key indicators

- Service activity
- Patient experience
- Patient outcome

The implementation in 2015 and central flow of data through the Health and Social Care Information Centre (HSCIC) must be a key priority for implementation at a national and local level.

Commissioners must place into contracts the requirements for meaningful data collection, including outcomes monitoring.
From proposal to reality: 3 next steps

Building the evidence base

Current lack of evidence can be corrected following the example of CYP IAPT

- Good information is the foundation for commissioning
- We must not assume ineffective interventions go without harm
- NICE guidance and Quality Standards have an essential role
- Need for a world class data collection and research programmes
Making a start

Many nation-level proposals can only be discussed during next Parliament

- Progress during 2015/16 will happen at local level
- Creation of **Transformation Plans for Children and Young People’s Mental Health and Wellbeing**
  - These will cover local spectrum of services for children and YP: promotion, prevention, support and interventions, as well as transitions between services
  - They will be probably elaborated by the CCG working closely with Health and Wellbeing Board partners
  - They must include the participation of children, YP, families and providers
- NHS can make a specific contribution by prioritising investment in those areas with robust action planning.
- Ensure that schools contribute to local Transformation Plans.
  - In line with the DoE’s mental health strategy
National and local transformations will take time. At least the period of the next parliament.

- Implies coordination of all sectors
  - Policy
  - Investment
  - Commissioning
  - Regulation
  - Training
  - Inspection

- Local areas will need support and guidance
The THRIVE Model

Anna Freud Centre & Tavistock and Portman NHS Foundation Trust

Miranda Wolpert
Rita Harris
Melanie Jones
Sally Hodges
Peter Fuggle
Rachel James
Andy Wiener
Caroline McKenna
Duncan Law
Peter Fonagy